



Complete Summary

TITLE

Influenza immunization: percentage of commercial members 50 to 64 years of age who received an influenza vaccination between September 1 of the measurement year and the date on which the CAHPS® 4.0H Adult Survey was completed.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 3, Specifications for Survey Measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 98 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure uses survey data to assess the percentage of commercial members 50 to 64 years of age who received an influenza vaccination between September 1

of the measurement year and the date on which the CAHPS® 4.0H Adult Survey was completed.

RATIONALE

The disease burden of influenza is large, and the potential for prevention is high. Influenza infections result in significant health care expenditures each year, and vaccination is safe and effective. This measure facilitates the achievement of national goals to increase the demand for adult vaccination by improving provider and public awareness to effectively deliver vaccines to adults and to monitor and improve the performance of the nation's immunization program. This measure looks at the percentage of members 50 to 64 years of age who received an influenza vaccination. The specifications for this measure are consistent with current recommendations from the Advisory Committee on Immunization Practices (ACIP), which recommends yearly influenza vaccinations for persons aged 50 to 64 years because this group has an increased prevalence of persons with high-risk medical conditions and age-specific strategies have been more successful to increase vaccine coverage than those based on medical conditions.

Healthy adults in this age group without high-risk conditions will benefit by reduced number of illnesses, physician visits, workdays missed and antibiotic use, and will have reduced disease transmission from contacts who are at high-risk for influenza-related complications. Organizations can implement a variety of interventions for increasing coverage. Successful vaccination programs combine publicity and education for health care workers and other potential vaccine recipients. Programs include identifying persons at high risk; patient reminder/recall systems; assessment of practice-level vaccination rates with feedback to health care providers and staff; and efforts to remove administrative and financial barriers that prevent persons from receiving the vaccine. Organizations can also contribute to cooperative and communitywide immunization clinics scheduled just prior to the start of the flu season.

PRIMARY CLINICAL COMPONENT

Influenza; vaccination

DENOMINATOR DESCRIPTION

The number of members with a Flu Shots for Adults Ages 50 to 64 Eligibility Flag of "Eligible"* who responded "Yes" or "No" to the question "Have you had a flu shot since September 1, YYYY?"** (see the "Description of Case Finding" field in the Complete Summary)

**Eligible*: The member was born on or between September 2, 1943 and September 1, 1958.

**YYYY = the measurement year (2008 for the survey fielded in 2009)

NUMERATOR DESCRIPTION

The number of members in the denominator who responded "Yes" to the question "Have you had a flu shot since September 1, YYYY?"*

*YYYY = the measurement year (2008 for the survey fielded in 2009)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by consumers about health plan/provider choice
Decision-making by health plans about provider contracting
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 50 to 64 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

- Every year, 5 to 20 percent of Americans contract influenza, or the flu. Rates of infection are highest among children; rates of serious illness and death are highest among adults over 64, children under 2 and those with chronic medical conditions. More than 200,000 people are hospitalized for flu-related complications annually; of those, 63 percent are 65 years or older.
- Rates of influenza vaccinations vary by race and ethnicity. Among adults aged 50 to 64, non-Hispanic whites were more than 8.1 percent more likely than non-Hispanic blacks and 8.2 percent more likely than Hispanics to have been vaccinated.
- For adults 65 and older, non-Hispanic whites were 18.4 percent more likely than non-Hispanic blacks and 13.2 percent more likely than Hispanics to have received an influenza vaccination.
- In 2003, 1 in 3 adults aged 50 to 64 received a flu shot; 2 in 3 adults over age 64 years of age received a flu shot.

EVIDENCE FOR INCIDENCE/PREVALENCE

Centers for Disease Control and Prevention (CDC). Public health and aging: influenza vaccination coverage among adults aged > or =50 years and pneumococcal vaccination coverage among adults aged > or =65 years--United States, 2002. MMWR Morb Mortal Wkly Rep 2003 Oct 17;52(41):987-92. [PubMed](#)

Centers for Disease Control and Prevention. Key facts about seasonal influenza (Flu). [internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2009 Mar 12[accessed 2009 Mar 23].

Fiore AE, Shay DK, Haber P, Iskander JK, Uyeki TM, Mootrey G, Bresee JS, Cox NJ, Advisory Committee on Immunization Practices (ACIP), Centers for Disease. Prevention and control of influenza. Recommendations of the Advisory Committee

on Immunization Practices (ACIP), 2007. MMWR Recomm Rep 2007 Jul 13;56(RR-6):1-54. [PubMed](#)

Smith NM, Bresee JS, Shay DK, Uyeki TM, Cox NJ, Strikas RA. Prevention and Control of Influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2006 Jul 28;55(RR-10):1-42. [PubMed](#)

Thompson WW, Shay DK, Weintraub E, Brammer L, Bridges CB, Cox NJ, Fukuda K. Influenza-associated hospitalizations in the United States. JAMA 2004 Sep 15;292(11):1333-40. [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Incidence/Prevalence" field.

BURDEN OF ILLNESS

Complications arising from influenza include bacterial pneumonia, dehydration, and worsening of chronic conditions, such as asthma, diabetes and congestive heart failure.

See also the "Incidence/Prevalence" field.

EVIDENCE FOR BURDEN OF ILLNESS

Smith NM, Bresee JS, Shay DK, Uyeki TM, Cox NJ, Strikas RA. Prevention and Control of Influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2006 Jul 28;55(RR-10):1-42. [PubMed](#)

UTILIZATION

See the "Incidence/Prevalence" field.

COSTS

- The direct hospitalization costs of a severe influenza epidemic would total more than \$3 billion.
- The influenza vaccine costs only an estimated \$16.70 per recipient, including direct and indirect medical costs and costs associated with potential side effects.

EVIDENCE FOR COSTS

Akazawa M, Sindelar JL, Paltiel AD. Economic costs of influenza-related work absenteeism. Value Health 2003 Mar-Apr;6(2):107-15. [PubMed](#)

National Foundation for Infectious Diseases. Facts about influenza for adults. Bethesda (MD): National Foundation for Infectious Diseases; 2008 Aug. 3 p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Commercial members age 50 to 64 years of age as of September 1 of the measurement year who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year and currently enrolled at the time the survey is completed

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of members with a Flu Shots for Adults Ages 50 to 64 Eligibility Flag of "Eligible"* who responded "Yes" or "No" to the question "Have you had a flu shot since September 1, YYYY?"**

**Eligible*: The member was born on or between September 2, 1943 and September 1, 1958.

**YYYY = the measurement year (2008 for the survey fielded in 2009)

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of members in the denominator who responded "Yes" to the question "Have you had a flu shot since September 1, YYYY?"*

*YYYY = the measurement year (2008 for the survey fielded in 2009)

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Patient survey

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Flu shots for adults ages 50-64 (FSA).

MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

MEASURE SET NAME

[Effectiveness of Care](#)

MEASURE SUBSET NAME

[Measures Collected Through CAHPS Health Plan Survey](#)

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

This measure is collected using the HEDIS (Healthcare Effectiveness Data and Information Set) version of the CAHPS® survey (CAHPS® 4.0H Adult Survey).

CAHPS® 4.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

PARENT MEASURE

CAHPS® 4.0 (Agency for Healthcare Research and Quality [AHRQ])

RELEASE DATE

2002 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 3, Specifications for Survey Measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 98 p.

MEASURE AVAILABILITY

The individual measure, "Flu Shots for Adults Ages 50-64 (FSA)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on April 21, 2008. The information was verified by the measure developer on May 30, 2008. This NQMC summary was updated again by ECRI Institute on March 20, 2009. The information was verified by the measure developer on May 29, 2009.

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